

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/521989

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		2		1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26	1		1			
27		2		1		
28		2		1		
29		2		1		
30		2		1		
31		2		1		
32		2		1		
33		2		1		
34		2		1		
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		2		1		
41		2		1		
42		2		1		
43		2		1		
44		2		1		
45		2		1		
46		2		1		
47		2		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
58		1		1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	82	←	40	←		←
TOTAL CLAIMS	84		42			